



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
605-362-2760 | <https://doh.sd.gov/boards/nursing/>

Registration Fee:
\$100.00

Nursing Corporation: Application for Initial Registration

Corporation Name: _____

Main Office Address: _____

Telephone: _____ Email: _____

Provide officer information:

- President: _____ Nursing License # _____
Business Address: _____
- Vice President: _____ Nursing License # _____
Business Address: _____
- Secretary-Treasurer: _____ Nursing License # _____
Business Address: _____

Provide director(s) or shareholder(s) information:

- Name: _____ Nursing License # _____
- Business Address: _____
- Name: _____ Nursing License # _____
- Business Address: _____
- Name: _____ Nursing License # _____
- Business Address: _____
- Name: _____ Nursing License # _____
- Business Address: _____
- Name: _____ Nursing License # _____
- Business Address: _____

Submit the following official documentation:

1. **Copy of Articles of Incorporation** of the Corporation and amendments certified by Secretary of State.
2. **Copy of the minutes** of the Corporation's organizational meeting.
3. **Sworn statement from an officer** stating the Corporation will not hold itself out to the public as possessing any skills or expertise not possessed by nurses in noncorporate practices; and the Corporation will not do anything which if done by a nurse employed by it would violate the standards of professional conduct established for such a nurse pursuant to SDCL 36-9, 36-9A, ARSD 20:48, or 20:62.
4. **A list of employees** of the Corporation who are authorized to practice nursing (other than the officers, directors, or shareholders) include: name(s), business address(es), and nursing license number(s).
5. **This application along with \$100 fee**, payable to the SD Board of Nursing.